

**TOWN OF AMHERST  
BUILDING PERMIT**

TOWN OF AMHERST  
4 BOLTWOOD AVENUE  
AMHERST, MA 01002  
(413) 256-4030



PERMIT NO.: **BLD2007-00220**  
APPLIED: **9/26/2006**  
DATE PAID: **9/26/2006**  
ISSUED: **9/26/2006**  
FEES: **\$ 120.00**  
EST COST/VAL: **\$ 8,240.00**

SITE ADDRESS: **309 EAST PLEASANT ST**

ASSESSOR'S PARCEL NO.: **11B000010**

PROJECT DESCRIPTION: **Remove existing shingles on flat roof on rear of house and install 2 " snow and ice shield, and 15 yr. Duro-Last roof.**

OWNER

ROBERT SHUMWAY  
309 EAST PLEASANT ST  
AMHERST, MA 01002

CONTRACTOR

EUGENE BATTISTONI  
534 MARKET HILL ROAD  
AMHERST, MA 01002

License # 003175

Hic # 104608

Agent: \_\_\_\_\_

Approved by: \_\_\_\_\_

*"Persons contracting with unregistered contractors do not have access to the guaranty fund (as set forth in MGL c. 142A)"*

, bld\_hic Rev: 9/26/2006

**NO WORK IS ALLOWED AFTER 11 PM OR BEFORE 7 AM**



# TOWN OF AMHERST

## INSPECTION SERVICES

4 Boltwood Avenue, Amherst, MA 01002

(413) 259-3030, Fax (413) 259-2402

DIG SAFE TELEPHONE # 1-888-DIG SAFE (1-888-344-7233)

RECEIVED SEP 26 2006

### APPLICATION TO CONSTRUCT, REPAIR, OR RENOVATE A ONE OR TWO FAMILY DWELLING

#### SECTION 1 - SITE INFORMATION

##### 1.1 Property Address:

309 E. Pleasant St

##### 1.2 Assessors Map & Parcel Number:

Map #

Parcel #

Lot # (plan)

##### 1.3 Zoning Information:

Zoning District

Proposed Use

##### 1.4 Property Dimensions:

Lot Area (sf)

Frontage (ft)

##### 1.5 Building Setbacks (ft)

###### FRONT YARD

###### SIDE YARDS

###### REAR YARD

Required

Provided

Required

Provided

Required

Provided

##### 1.6 Water Supply (M.G.L.c.40 s 54)

Public ☐

Private ☐

##### 1.7 Sewage Disposal System:

Municipal ☐

On Site System ☐

##### 1.8 Flood Zone Information

Zone

Outside Flood Zone ☐

##### 1.9 Driveway Permit

Yes ☐

N/A ☐

##### 1.10 Storm Drainage

Yes ☐ No ☐

#### SECTION 2 - DESCRIPTION OF PROPOSED WORK (check all applicable)

New Construction ☐

Existing Building ☐

Repairs ☐

Alteration ☐

Addition ☐

Accessory Building ☐

Other ☐

Specify:

Heating/Fuel

Bldg. Size: ft wide x ft long

# of stories

# of rooms

Brief Description of Proposed Work:

Removal of Entry flat roof  
on rear of house install 2" ISO insulation, Duro last  
Roof 15 years.

#### SECTION 3 - COSTS & FEES

##### 3.1 ESTIMATED COST

##### 3.3 FEES FOR NEW CONSTRUCTION

ITEM	EST. AMOUNT	DESCRIPTION	SQ. FT. AREA	COST	SUB-TOTAL
1. Building		a. Living Area - First Unit		X 0.55	
2. Electrical		b. Non- living areas and Cellars		X 0.35	
3. Alarm System		c. Second Unit		X 0.35	
4. Fire Protection		d. New Detached Accessory	100 SF or less	\$30.00	
5. Plumbing		e. Detached Accessory over 100 SF	( sf-100)	x 0.25 + \$30.00	
6. Mechanical		f. New Farm		X 0.10	
7. Total (1+2+3+4+5+6)		g. Satellite Dish (each) and Solar Panels (each set)		\$30.00	
3.2 FEES FOR ALTERATIONS		h. Wood stove/Chimney		\$30.00	
Total from 3.1 round up to next 1000, divide by 100 and add \$30.00		i. Swimming Pool abv. ground		\$50.00	
		Swimming Pool in-ground		\$75.00	
		TOTAL 3.3 (a+b+c+d+e+f+g+h+i+j) .....			

Total 3.2

8240

3.4 Fire Dept. Fee

Check #:

Rcpt #:

TOTAL FEE 3.2 + 3.3: 12000

RECEIPT #: 8917

CHECK #: 19173

Driveway/Water/Sewer

Paid ☐

N/A ☐

**SECTION 4 - WORKERS' COMPENSATION INSURANCE AFFIDAVIT (M.G.L. c. 152, # 25C (6))**I, Eugene Battistoni, do hereby certify that:☒ I am an employer providing the following workers' compensation coverage for my employees:

(policy #/insurance company)

☐ I am not required to have workers' compensation insurance under 'M.G.L. c.152, Sec.25(c)(6)**SECTION 5a - PROPERTY OWNERSHIP**

Owner of Record:

Name (Please Print)

Telephone

Current Address (Please Print)

Town

State

Zip Code

**SECTION 5b - AUTHORIZED AGENT - To be completed when contractor is not acting as owner's agent**

Authorized Agent:

Name (Please Print)

Signature

Current Address (Please Print)

Town

State

Zip Code

Telephone

**SECTION 6 - CONSTRUCTION SERVICES****6.1 Licensed Construction Supervisor:**

Licensed Construction Supervisor - Name (Please Print)

Address (Please Print)

zip code

Signature

Telephone

Not Required ☐

003175

License Number

9-4-07

Expiration Date

**6.2 Registered Home Improvement Contractor:**

Company Name (Please Print)

Contractor Name (Please Print)

Address (Please Print)

zip code

Signature

Telephone

Not Required ☐

104608

License Number

7-14-08

Expiration Date

**SECTION 7a - OWNER AUTHORIZATION - To Be Completed When Owners' Agent or Contractor Applies For Building Permit**I, Sgt Attached, as Owner of the subject Property hereby authorize

(Please Print)

(Please Print Contractor's Name)

to act on my behalf, in all matters relative to

work authorized by this building permit application.

Signature of Owner

**SECTION 7b - CONTRACTOR DECLARATION (owner signs if contractor is not specified)**I, Eugene Battistoni, as Contractor/Owner, responsible for this work,

(Please Print)

(Circle One)

hereby declare that the statements and information on the forgoing application are true and accurate, to the best of my knowledge and belief. Signed under the pains and penalties of perjury.

Signature of Responsible Party

Date

# Proposal

Page No.

of

Pages

## EUGENE BATTISTONI CONTRACTING

534 Market Hill Road  
AMHERST, MASSACHUSETTS 01002  
(413) 549-2693

PROPOSAL SUBMITTED TO: Mr. Robert Shumway		PHONE 549-3736 (FI: 239-263-1273)	DATE September 19, 2006
STREET 309 East Pleasant Street		JOB NAME Same	
CITY, STATE AND ZIP CODE Amherst, MA 01002		JOB LOCATION Same	
ARCHITECT	DATE OF PLANS		JOB PHONE

We hereby submit specifications and estimates for:

Removal of existing tar and gravel roof on rear of home. Removal of existing asphalt shingles at junction of flat roof and slate roof.

Installation of 2" ISO insulation on flat roof deck. Installation of 3/8" fanfold insulation on curbed transitions. Installation of mechanically fastened Duro-Last roofing system. Installation of new thirty year architectural shingles on junctions of flat roof and slate roof. Disposal of all job related debris.

Price: \$8,240.00

Building Permit: 120.00

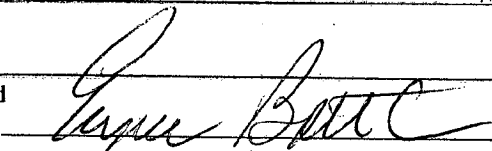
We propose hereby to furnish material and labor – complete in accordance with above specifications, for the sum of:

Payment to be made as follows: \_\_\_\_\_ dollars (\$ \_\_\_\_\_).

One third deposit, remainder due upon completion

All material is guaranteed to be as specified. All work to be completed in a workmanlike manner according to standard practices. Any alteration or deviation from above specifications involving extra costs will be executed only upon written orders, and will become an extra charge over and above the estimate. All agreements contingent upon strikes, accidents or delays beyond our control. Owner to carry fire, tornado and other necessary insurance. Our workers are fully covered by Workman's Compensation Insurance.

Authorized  
Signature



Note: This proposal may be  
Withdrawn by us if not accepted within 15 days.

**Acceptance of Proposal** – The above prices, specifications and conditions are satisfactory and are hereby accepted. You are authorized to do the work as specified. Payment will be made as outlined above.

Date of Acceptance:

Signature

Signature

